

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

07/85503

FILING DATE

5-1-92

APPLICANT(S)

Reeve, Michael Alan

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	1					
5	2					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14			1			
15			1			
16			1			
17			3			
18			1			
19			1			
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48						
49						
50						
TOTAL IND.	21		5			
TOTAL DEP.	18	15	9			
TOTAL CLAIMS	14		14			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						